



## King County

### **VETERANS AND HUMAN SERVICES LEVY 2008 STRATEGY AREA ANNUAL REPORTS**

#### **Activity 2.5(a)**

#### **Housing and Supportive Services Program for the King County Criminal Justice Initiatives for Ex-Offenders with Histories of Long-term Homelessness**

#### **OBJECTIVE**

The Levy's investment in Strategy 2 focuses on ending long-term homelessness through a variety of interventions including identification, outreach, prevention, housing, supportive services and education. Sub-activity 2.5 (a) is designed to enhance the housing and supportive services available through the King County Criminal Justice Initiatives (KCCJI) for individuals with histories of long-term homelessness and involvement in the criminal justice system, many of whom have a mental illness. The specific objective is ending homelessness for individuals who are the most frequent institutional users of both psychiatric hospitals and local jails through the provision of strategic treatment and supportive housing programs. The program is called the Forensic Assertive Community treatment (FACT) program.

#### **POPULATION FOCUS**

The FACT program will provide services over a five-year period for 50 individuals who have been homeless and have severe and persistent mentally illness. Carefully crafted criteria have produced a list of the most frequent institutional users of King County jails and municipal jails in King County, who are homeless and meet specific diagnostic criteria per the Assertive Community Treatment (ACT) evidence-based practice model.

#### **PROGRAM DESCRIPTION**

The FACT model is a participant-centered, recovery-oriented intensive service delivery model for the criminal justice population that uses a trans-disciplinary team treatment approach to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness. The program team includes the following staff disciplines: psychiatrist, nurse, mental health professional, chemical dependency specialist, criminal justice specialist, vocational specialist, mental health case managers, and a forensic peer specialist.

The King County FACT program is based on the core components of the Assertive Community Treatment evidence-based practice model, including:

- Trans-disciplinary team approach
- Integration of services
- Low participant-staff ratios (1:8)
- Assertive outreach and engagement
- Service provision at participants' residence or in the community
- Focus on symptom management and everyday problems of living
- 24/7 direct access to staff in times of crisis
- Time-unlimited services

To replicate the evidence-based treatment model known as Forensic ACT, the following elements have been included in the King County FACT team and service package:

- A primary goal of preventing arrest and incarceration

- Criminal histories of all consumers admitted to the team
- Acceptance of the majority of referrals from criminal justice agencies (based on jail high-utilization as well as meeting ACT diagnostic criteria)
- Requirement that providers have expertise and experience with the criminal justice system and clients served by that system
- Integration of the criminal justice system with clinical services, (e.g. inclusion of probation officers or forensic specialists on treatment teams, engagement of local police and court system to assist in participants staying out of jail)
- Use of legal leverage as an intervention to promote treatment engagement and continued participation
- Emphasis on matching the ethnic/social demographics of the service staff (including forensic peer specialists) with program recipients
- Emphasis on employment services and outcomes
- Development and incorporation of a structured supportive housing component for high-risk consumers with on-site addiction treatment services.

## PROGRESS DURING 2008

Sound Mental Health (SMH) was the sole provider agency that submitted a proposal in response to the Request for Proposals (RFP) for the FACT program. The proposal was accepted by the review panel and contract negotiations were successfully conducted. SMH program start-up began in November 2007 and work with identified FACT consumers began on January 1, 2008.

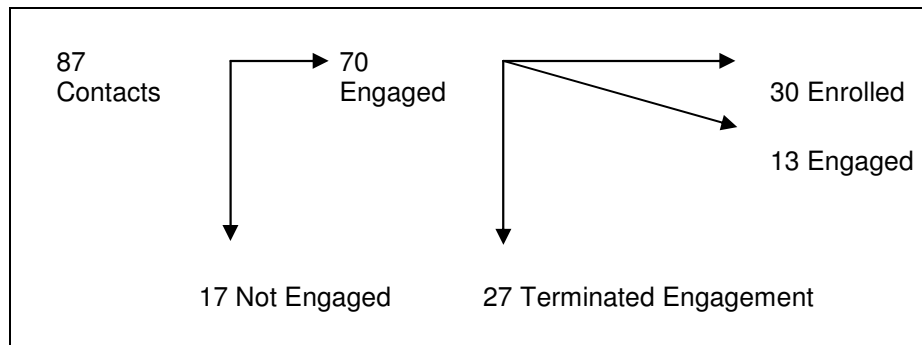
Agency 2008 Contract Period	Veterans Funds Awarded	Human Services Funds	Total Levy Funds Awarded
Sound Mental Health	\$37,500	\$87,500	\$125,000
<b>Total</b>	<b>\$37,500</b>	<b>\$87,500</b>	<b>\$125,000</b>

## SERVICES PROVIDED

Sound Mental Health began providing Forensic ACT services to individuals in January 2008. Most identified participants were first located by the FACT team in a jail within King County, and the team began the intake assessment and assertive engagement process while many participants were still in custody. The FACT team has worked closely with the courts (many jurisdictions throughout King County), Jail staff, Jail Health Services staff, and probation and community corrections staff to effectively coordinate the court processes, mental health court referrals, and expedited release from jail.

Because FACT is an Assertive Community Treatment model, FACT team staff members provide outreach to all potential participants through an assertive engagement process. This model, which actively seeks out participants and uses motivational techniques to engage and motivate individuals into services, consists of two levels of program participation: 1) engagement, and 2) full enrollment. Only those participants who agree to have the FACT team as their mental health treatment provider are considered fully enrolled (ACT is a voluntary, recovery-oriented model). Once FACT participants are fully enrolled, then they are housed quickly and provided with ongoing assertive engagement to promote recovery and wrap-around services by the team.

During the period January through December 2008, the FACT program reached out to 87 individuals with a history of mental health problems who were frequently incarcerated. Of those initial contacts, 17 were determined to be inappropriate for FACT, while 70 were engaged by the team. By the end of 2008, 30 individuals had enrolled in FACT and 13 were still being actively engaged.



**Living Situation.** None of the 30 who enrolled in FACT was residing in permanent housing at the time of enrollment; therefore, a geographic analysis of residence is not applicable to this group.

Residence Status Prior to Enrollment in FACT	
Homeless	7
Incarcerated/Homeless	19
Temporary Housing with family	3
Hospitalized/Homeless	1

**Age.** Most of those served by FACT ranged in age from 36 to 59.

Age Group	
18 to 34	26
35 to 59	42
60 to 74	2
75 +	0

**Gender.** Approximately two-thirds of those enrolled were men.

Gender	
Male	44
Female	26

**Race.** Nearly half those served were white. Approximately one-third were African-American.

Race/Ethnicity		
American Indian or Alaska Native	2	2.9%
Asian, Asian-American	2	2.9%
Black, African-American, Other African	22	31.4%
Hawaiian Native or Pacific Islander		
Hispanic, Latino	7	10.0%
Multi-Racial	6	8.6%
Other Non-White/Non-Caucasian	2	2.9%
White or Caucasian	29	41.4%

**Veteran Status.** For those who enrolled in the program during 2008, the majority were not veterans.

Veterans/Military Status	
Veteran or Active Service	2
Military Spouse/Dependent	0
Non-Veteran/Military	28

**Outcomes.** Engagement-level services were provided to 70 and enrollment level services were provided to 30 individuals. All 30 who were enrolled moved into supportive housing. As a long-term program, FACT outcomes are collected and reported annually. First year outcome data will be available mid-2009.

## **SUCCESS STORY**

Mr. J is a 48-year-old African-American male and a U.S. Army veteran, originally from New York City. He had been homeless on the streets for the last two years prior to his enrollment in FACT in June 2008, and had been in and out of jail continuously for assault and Violation of Uniform Controlled Substance Act (VUCSA) issues. His referral to the program was based on his high incidence of incarcerations and diagnoses of schizophrenia, paranoid type, and cocaine dependence.

Mr. J suffers from persecutory voices, delusions, and paranoia. He was using crack cocaine daily and spending nearly all of his monthly income on drugs. When decompensated, Mr. J has a history of assaultive behavior. Driven by command hallucinations, for example, he had approached a bystander changing his tire and assaulted him by punching him on the back and head. Subsequent to this, Mr. J committed another unprovoked assault on another passerby. He caused bodily harm and trauma to both individuals.

Since his enrollment in FACT, Mr. J has successfully maintained his sobriety, and has not used drugs since May 2, 2008. His treatment focus is to continue to control and reduce active psychotic symptoms, abstain from alcohol and drug use, refrain from illegal behaviors, and maintain his personal residence. Mr. J lives in his own apartment, consistently attends substance abuse and mental health groups and individual counseling sessions, and remains medication-compliant. He also participates in a nutrition group, and consistently engages in social activities such as fishing and movies with a FACT peer specialist and other FACT clients. Mr. J has a pleasant demeanor, is goal-oriented, and committed to his recovery. He is currently working on obtaining financial aid to attend school and is reconnecting with his family after years of estrangement.

## **FOR MORE INFORMATION**

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